

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36424

Do not stamp for race.

1. PLACE OF DEATH

(a) County.....

Registration District No. 1003

(b) Township.....

Primary Registration District No. 7

(c) City St. Louis, Mo.

(d) Street No. 4320 Fairview Avenue

Registered No. 10001

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Patrick Kelley

(a) Residence, No. 4320 Fairview Avenue

St. 15

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Rose Kelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

November 26-1874

7. AGE

YEARS 60

MONTHS 11

DAYS 0

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

City Fireman

9. Industry or business in which work was done, as saw mill, bank, etc.

St. Louis Fire Dept

10. Date deceased last worked at this occupation (month and year)

Oct-26-1934

11. Total time (years) spent in this occupation

30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Missouri

FATHER

13. NAME

John Kelley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

17. INFORMANT (ADDRESS)

Rose Kelley 4320 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cahary

DATE

Oct-30

1937

19. FUNERAL DIRECTOR (ADDRESS)

Albert H. Hoppe 429 N. Euclid Avenue

20. FILED

10-27-37

J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw him alive on, 19. Death is said

to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Internal Resection of Ventricle of brain (non traumatic)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph M. Quinn, M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3675

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No. 3675

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)